

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/12/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>445166</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/09/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE HEALTH CENTER AT RICHLAND PLACE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>504 ELMINGTON AVENUE</b> <b>NASHVILLE, TN 37205</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{K 000}	<p><b>INITIAL COMMENTS</b></p> <p>A life safety code follow up survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulations Office of Health Care Facilities, on 09/09/2019. During this life safety follow up survey, The Health Center @ Richland Place was found in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a), Life Safety from fire, and the related National Fire Protection Association (NFPA) standard 101 (2012 Edition)</p> <p>No new non compliance was found and all deficiencies from 6/13/2019 are cleared.</p>	{K 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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CENTERS FOR MEDICARE & MEDICAID SERVICES

**Federal**  
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NAME OF PROVIDER OR SUPPLIER  <b>THE HEALTH CENTER AT RICHLAND PLACE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>504 ELMINGTON AVENUE NASHVILLE, TN 37205</b>		
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{K 000}	<p><b>INITIAL COMMENTS</b></p> <p>Stories: Four Construction Type: II (222) Constructed: approximately 1992 Fully Sprinkled: Yes Waivers: No Census: 106 Certified beds: 107</p> <p>A Life Safety Code Comparative Federal Monitoring Survey was conducted by the Centers for Medicare &amp; Medicaid Services (CMS) on 07/11/2019 following a Tennessee Department of Health &amp; Environment survey on 06/10/2019. At this Comparative Federal Monitoring Survey The Health Center at Richland Place was not found in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a) 483.70(b), Life Safety from Fire, and the related National Fire Protection Association (NFPA) publications, the 2012 edition of NFPA 101 Life Safety Code and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3 and TIA 12-4 and the 2012 edition of NFPA 99 Health Care Facilities Code and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5, and TIA 12-6.</p> <p>* A follow up survey was conducted by the Tennessee Department of Health on 9/9/2019. During this follow up survey no new non compliance was found and all deficiencies cited on 7/11/2019 are clear.</p>	{K 000}			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION <b>FEDERAL C POC #1</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445166	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  07/11/2019
NAME OF PROVIDER OR SUPPLIER  THE HEALTH CENTER AT RICHLAND PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 604 ELMINGTON AVENUE NASHVILLE, TN 37205	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS  Stories: Four Construction Type: II (222) Constructed: approximately 1992 Fully Sprinkled: Yes Waivers: No Census: 106 Certified beds: 107  A Life Safety Code Comparative Federal Monitoring Survey was conducted by the Centers for Medicare & Medicaid Services (CMS) on 07/11/2019 following a Tennessee Department of Health & Environment survey on 06/10/2019. At this Comparative Federal Monitoring Survey The Health Center at Richland Place was not found in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a) 483.70(b), Life Safety from Fire, and the related National Fire Protection Association (NFPA) publications, the 2012 edition of NFPA 101 Life Safety Code and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3 and TIA 12-4 and the 2012 edition of NFPA 99 Health Care Facilities Code and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5, and TIA 12-6.	K 000		
K 781 SS=D	Portable Space Heaters CFR(s): NFPA 101  Portable Space Heaters Portable space heating devices shall be prohibited in all health care occupancies, except, unless used in nonsleeping staff and employee areas where the heating elements do not exceed 212 degrees Fahrenheit (100 degrees Celsius). 18.7.8, 19.7.8 This REQUIREMENT is not met as evidenced	K 781	Please see attached Plan of Correction	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*[Signature]*

Administrator

7/23/19

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K 781	Continued From page 1 by: Based on observation and staff interview during the survey, the facility failed to provide portable space heating devices where the heating elements of such devices do not exceed 212 degrees Fahrenheit (100 degrees Celsius):  NFPA 101-2012 Edition, Sections 19.7.8  The deficient practice affect one room in four smoke compartments.  Findings include: On 07/11/2019 at 10:00 a.m., It was observed, two space heaters was present in Nursing Charting Office. The facility did not provide documentation that the heater element did not exceed 212 degrees Fahrenheit.  The Maintenance Director Assistant was present when the deficiencies was identified.	K 781			
K 920 SS=D	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101  Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient	K 920	Please see attached Plan of Correction		

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NAME OF PROVIDER OR SUPPLIER  THE HEALTH CENTER AT RICHLAND PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 504 ELMINGTON AVENUE NASHVILLE, TN 37205		
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K 920	<p>Continued From page 2</p> <p>care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4.</p> <p>10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and staff interview during the survey, the facility failed to maintain the use of power strips per the requirements of:</p> <p>NFPA 99-2012 Edition, Sections 10.2.3.6, 10.2.4 NFPA 70 400-8, 590.3(D)</p> <p>The deficient practice affects one room in four smoke compartments.</p> <p>Findings include: On 07/11/2019 from 9:00-9:50 a.m., It was observed in Resident Room 316 a sleep apnea machine was plugged into power strip. In Resident Room 333 a breathing treatment machine was plugged into power strip.</p> <p>The Maintenance Director Assistant was present when the deficiencies was identified.</p>	K 920			

**Plan of Correction: K 920 – Electrical Equipment – Power Cords  
and Extension Cords**

**What corrective action will be accomplished for those residents found to have been affected by the deficient practice?**

The sleep apnea machine in room 316 was immediately unplugged from the power strip and plugged into the wall outlet. The breathing treatment machine in room 333 was immediately unplugged from the power strip and plugged into the wall outlet.

**How you will identify other residents having the potential to be affected by the same deficient practice, and what corrective action will be taken?**

All rooms have been checked to ensure PCREE are plugged into the wall outlets and not plugged into power strips.

**What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur?**

Maintenance Director or designee will audit patient rooms quarterly to ensure PCREE are plugged into the wall outlets and not plugged into power strips.

**How the corrective action will be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place?**

Maintenance Director or designee will report the quarterly room audit findings to the QA committee.

Completion Date: 7/12/2019

**Plan of Correction: K 781 – Portable Space Heaters**

**What corrective action will be accomplished for those residents found to have been affected by the deficient practice?**

The two space heaters in the Nursing Charting Office were immediately removed.

**How you will identify other residents having the potential to be affected by the same deficient practice, and what corrective action will be taken?**

All areas of facility were checked for space heaters and were removed.

**What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur?**

Maintenance Director or designee will research and attempt to purchase space heaters to be used in nonsleeping and employee areas where the heating elements do not exceed 212 degrees Fahrenheit. If unable to locate and purchase space heaters with proper documentation of not exceeding 212 degrees Fahrenheit, Maintenance Director or designee will audit patient areas and employee areas quarterly to ensure improper space heaters are not in use.

**How the corrective action will be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place?**

Maintenance Director or designee will report the quarterly room audit findings to the QA committee.

Completion Date: 7/12/2019

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E 000	Initial Comments  An unannounced Emergency Preparedness survey was conducted on 07/11/2019, following a State Agency Annual Emergency Preparedness Survey conducted 06/10/2019. The facility was found in substantial compliance with 42 CFR 483.73, Requirements for Long Term Care Facilities.	E 000	<div style="border: 1px solid black; padding: 10px; text-align: center;"> <b>APPROVED</b>  <b>By Bobby Cobb at 6:52 am, Jul 24, 2019</b> </div>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*[Signature]*

Administrator

7/23/19

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45th day / 70th  
7-28-19 / 8-22-19

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION <b>POC #1</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>445166</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/10/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE HEALTH CENTER AT RICHLAND PLACE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>504 ELMINGTON AVENUE NASHVILLE, TN 37205</b>		
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K 000	INITIAL COMMENTS  Stories: 5 (Long term care occupies 2 of these floors) Type: II No Plans Available Constructed: 1992 Sprinkled: Yes Census: 105  A life safety code survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulations Office of Health Care Facilities, on 06/10/2019. During this life safety survey, The Health Center @ Richland Place was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a), Life Safety from fire, and the related National Fire Protection Association (NFPA) standard 101 (2012 Edition)  All damaged, painted, or corroded sprinklers shall be replaced in accordance with NFPA 25, Standards for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems (2011 Edition)	K 000			
K 353 SS=D	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101  Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are	K 353	<i>Please see attached Plan of Correction</i>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*[Signature]*

TITLE

*Administrator*

(X6) DATE

*7/11/19*

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K 353	<p>Continued From page 1</p> <p>maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to maintain the sprinkler system.</p> <p>This deficiency affected 4 of 8 smoke compartments with the potential to affect all residents and staff.</p> <p>The findings included:</p> <p>1. Observations on 06/10/2019 between 10:00 AM - 12:30 PM, revealed leaking sprinklers in the following locations:</p> <p>A. 312 (closet) B. 309 (closet) C. 310 (closet) D. 315 (closet) E. 202 (closet) F. 211 (closet) G. 214 (closet) H. 212 (closet) I. 223 (closet) J. 218 (closet) NFPA 101, 19.3.5.1 (2012 Edition), NFPA 101, 9.7.5 (2012 Edition), NFPA 25, 5.2.1.1.2 (2011 Edition)</p>	K 353			

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K 353	Continued From page 2  2. Observations on 06/10/2019 between 10:45 AM - 12:00 PM, revealed corroded sprinklers in the following locations: A. 207 (bathroom) B. 214 (bathroom) C. PT Laundry (all) NFPA 101, 19.3.5.1 (2012 Edition), NFPA 101, 9.7.5 (2012 Edition), NFPA 25, 5.2.1.1.1 (2011 Edition) NFPA 25, 5.2.1.1.2 (2011 Edition)  The maintenance director and administrator were present when these deficiencies were identified, and were later acknowledged during the exit conference on 06/10/2019.	K 353			
K 920 SS=D	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101  Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for	K 920	<i>Please see attached Plan of Correction</i>		

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K 920	<p>Continued From page 3</p> <p>which it was installed and meets the conditions of 10.2.4.</p> <p>10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, the facility failed to maintain the electrical equipment.</p> <p>This deficiency affected 3 of 8 smoke compartments, with the potential to affect 13 of 105 residents and staff.</p> <p>The findings included:</p> <p>1. Observations on 06/10/2019 between 10:00 AM - 11:45 AM, revealed personal equipment plugged into UL1363 A surge protectors in the following locations:</p> <p>A. 304 B. 317 C. 316 (x3) S&amp;C 14-46, NFPA 99, 10.2.4 (2012 Edition)</p> <p>2. Observations on 06/10/2019 at 10:00 AM, revealed an extension cord in the following rooms:</p> <p>A. 306 B. 326 NFPA 99, 10.2.4 (2012 Edition)</p> <p>3. Observations on 06/10/2019 between 10:00 AM - 11:45 AM, revealed surge protectors (without indication or documentation of being UL 1363) in the following rooms:</p> <p>A. 306 B. 311 (x2) C. 316 NFPA 99, 10.2.4 (2012 Edition)</p>	K 920			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>445166</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/10/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE HEALTH CENTER AT RICHLAND PLACE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>504 ELMINGTON AVENUE NASHVILLE, TN 37205</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 920	Continued From page 4  4. Observations on 06/10/2019 at 11:45 AM, revealed a multi plug adapter in room 218. NFPA 99, 10.2.4 (2012 Edition)  The maintenance director and administrator were present when these deficiencies were identified, and were later acknowledged during the exit conference on 06/10/2019.	K 920			

**Plan of Correction: K 353 – Sprinkler System – Maintenance and Testing**

**What corrective action will be accomplished for those residents found to have been affected by the deficient practice?**

Sprinklers in rooms 312, 309, 310, 315, 202, 211, 214, 212, 223, 218, 207 (bathroom), 214 (bathroom) and PT laundry have been replaced.

**How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?**

All Sprinkler heads were examined at time of annual survey.

**What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur?**

Maintenance staff will conduct semi-annual sprinkler head checks to ensure none are leaking or corroded.

**How the corrective action will be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place?**

Maintenance Director or designee will report the semi-annual sprinkler head check to QA committee.

Completion Date: 7/09/2019

*JHP*

**Plan of Correction: K 920 – Electrical Equipment – Power Cords  
and Extension Cords**

**What corrective action will be accomplished for those residents found to have been affected by the deficient practice?**

1. The surge protectors in rooms 304, 317, and 316 (x3) have been replaced with UL 1363 surge protectors.
2. The extension cords in rooms 306 and 326 have been removed.
3. The surge protectors in rooms 306, 311 (x2), and 316 have documentation showing they are UL 1363.
4. The multi plug adapter in room 218 has been replaced with a UL 1363 surge protector.

**What corrective action will be accomplished for those residents found to have been affected by the deficient practice?**

All rooms have been checked to ensure proper surge protectors are in place and that no extension cords or multi adapters are present in any patient rooms.

**What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur?**

Maintenance Director or designee will audit patient rooms quarterly to ensure proper surge protectors are in place and that no extension cords or multi adapters are present in any patient rooms.

**How the corrective action will be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place?**

Maintenance Director or designee will report the quarterly room audit findings to the QA committee.

Completion Date: 7/09/2019

*HH*

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

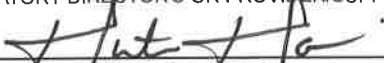
PRINTED: 06/13/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>445166</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/10/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE HEALTH CENTER AT RICHLAND PLACE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>504 ELMINGTON AVENUE NASHVILLE, TN 37205</b>		
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E 000	Initial Comments  A Emergency Preparedness Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulation Office of Health Care Facilities survey on 06/10/2019. During this Emergency Preparedness Survey, The Health Center @ Richland Place was found in substantial compliance with the requirements for participation in Emergency Preparedness Regulations for Long-Term Care Facilities, Federal CFR §483.73.	E 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



*Administrator*

*7/11/19*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.